

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-876)</small>							<small>SERIAL NO.</small> 09779240	<small>FILING DATE</small> 2-8-01					
							<small>APPLICANT(S)</small>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51		/				
2	/		/				52		/				
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5		1				TOTAL IND.	5					
TOTAL DEP.	29		25				TOTAL DEP.	15					
TOTAL CLAIMS	34		26				TOTAL CLAIMS	20					